

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	62806A (1062-023)	Total Pages	3
	First Named Inventor or Application Identifier			
	Kendall, John E.			
Express Mail Label No.		EL992427154US		
Title: MOLDING COMPOUND				
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Specification [Total Pages 26] <small>(preferred arrangement set forth below)</small> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies		
3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 0]		ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 13. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 14. <input type="checkbox"/> Associate Power of Attorney 15. <input type="checkbox"/> Sealed envelope containing confidential information, which Applicants may request to be expunged from the application file. 16. <input checked="" type="checkbox"/> Authorization for payment of fees and Petition for Extensions of Time. 17. <input checked="" type="checkbox"/> Other: <u>Application Data Sheet</u>		
4. <input type="checkbox"/> Declaration and Power of Attorney [Total Pages ____] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> <small>[Note Box 5 below]</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).				
5. <input type="checkbox"/> Incorporation By Reference The entire disclosure of the prior application identified in Box 18 is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.				
18. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: Amend the specification by inserting before the first line, the sentence: "This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: ____ / ____." <input checked="" type="checkbox"/> Provisional -This application claims the benefit of U.S. Provisional application No. <u>60/436,295</u> , filed <u>December 23, 2002</u> .				
19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below		
<div style="border: 1px solid black; padding: 10px; width: 150px; margin: 0 auto;"> 25215 </div>				
NAME	Scott A. Chapple			
ADDRESS	401 South Old Woodward Avenue Suite 311			
CITY	Birmingham	STATE	MI	ZIP CODE 48009
Please direct any telephonic communication regarding this application to the undersigned Attorney/Agent for Applicants: <div style="text-align: center;"> Scott A Chapple Reg. No.: <u>46,287</u> Phone No.: <u>(248) 593-9900</u> Fax No.: <u>(248) 593-0581</u> </div>				

 2388 U.S. PTO
 10/723096
 112603

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney's Case No. : 62806A(1062-023)

Application of : John E. Kendall; Gary C. Rex; Robert L. Seats; David H. Bank; Robert P.
Dion

For: MOLDING COMPOUND

No. of Drawing Sheets: 0

EXPRESS MAIL MAILING LABEL NO. EL992427154US
DATE OF DEPOSIT: November 26, 2003

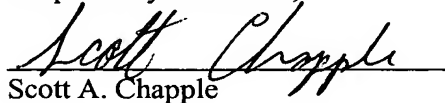
Sir:

Enclosed for filing is the above-identified application. Please charge the estimated fee to our Deposit Account No. 04-1512. An original and 2 copies of this sheet are enclosed.

A. Basic Filing Fee	<u>\$770.00</u>
Total Number of Claims	<u>20</u>
Less (Basic Fee)	<u>20</u>
B. Extra Claims	<u>0</u> x \$ 18.00 = <u>\$0.00</u>
Total Number Independent Claims	<u>5</u>
Less (Basic Fee)	<u>3</u>
C. Extra Independent Claims	<u>2</u> x \$ 86.00 = <u>\$172.00</u>
D. Multiple Dependent Claims Presented	+ \$290.00 = \$_____
TOTAL FILING FEE (A+B+C+D) =	<u>\$942.00</u>

If this estimate is incorrect, please charge or credit our account accordingly.

Respectfully submitted,


Scott A. Chapple

Registration No.: 46,287

Phone: (248) 593-9900

DOBRUSIN & THENNISCH PC
401 South Old Woodward Avenue
Suite 311
Birmingham, MI 48009

Date: 11-26-03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant (s): John E. Kendall; Gary C. Rex; Robert L. Seats; David H. Bank; Robert P. Dion

Attorney Docket No.: 62806A(1062-023)

Group Art Unit: Unknown

Filed: Concurrently Herewith

Examiner: Unknown

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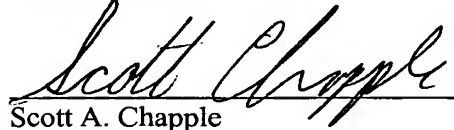
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AUTHORIZATION FOR PAYMENT OF FEES
AND PETITIONS FOR EXTENSIONS OF TIME

Pursuant to 37 CFR 1.136(a)(3), please treat any concurrent or future reply in this application which requires a petition for an extension of time under 37 CFR 1.136(a)(1) as incorporating a petition for an extension of time for the appropriate length of time. Please charge any fees required under 37 CFR 1.17 in this application to Deposit Account No. 04-1512.

Respectfully submitted,



Scott A. Chapple

Registration No.: 46,287

Phone: (248) 593-9900

Date: 11-26-03

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